



Bureau of Alcoholic Beverages
Division of Liquor Licensing & Enforcement
164 State House Station
Augusta, ME 04330-0164
Tel: (207) 624-7220 Fax: (207) 387-3424

OFF PREMISE TRANSFER APPLICATION

The undersigned, who is the holder of an Off Premise Liquor License under the provisions of Title 28-A MRSA § 605, hereby respectfully requests that said license be transferred from his present location:

Street Address

TO:

New Street Address

Both premises being within the same municipality of:

City/Town

Permanent License #: _____ Expiration Date: _____

Name of Business: _____

Contact Person: _____

Telephone Number: _____ FAX Number: _____

Requested Transfer Date: _____

Dated at: _____ On _____, 20____
City / Town Date

Signature of Individual(s) or Duly Authorized Officer(s)
Of Corporation, or if Partnership by Members of
Partnership

OffPremTransApp 12/13

Office Located at CENTRAL MAINE COMMERCE CENTER 45 Commerce Drive Suite 1, AUGUSTA, ME 04330

(207) 624-7220

(207) 287-3424 FAX